

14 11

PLACE OF BIRTH
County of Gila
District of _____
Town of _____
or
City of Miami
(No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 128
Co. Register No. 17
Local Registrar's No. _____

FULL NAME OF CHILD Genevieve Romero
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born ☒ Alive ☒ YES ☐ NO

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan - 2 - 1920</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Jose Romero</u>			Full Name <u>Maria Garcia</u>		
Residence <u>Miami Ariz</u>			Residence <u>Miami Ariz</u>		
Color <u>white</u> or Race <u>Mexican</u>			Color <u>white</u> or Race <u>American</u>		
Age at last Birthday <u>27</u> (Years)			Age at last Birthday <u>25</u> (Years)		
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>miner</u>			Occupation <u>housewife</u>		
Number of child this mother <u>3</u>	Number of Children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of the above child; and that it occurred on Jan - 2 - 1920, at 11 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Given or Christian name added from a _____

Supplemental report _____ 191 _____

799-102-471
COUNTY REGISTRAR.

Filed Jan - 4 - 1920
A True Copy
Filed Jan 6 1920

Address _____

(Signature) D. H. Slaughter
(Attending physician, midwife, householder. *)

Miami Ariz

D. H. Slaughter
LOCAL REGISTRAR.
D. E. Fox
COUNTY REGISTRAR.